

2022 PATIENT- CENTERED MEDICAL HOME (PCMH) REDESIGN

January 2022



**2022 SOONERCARE
CHOICE
PCMH REDESIGN
INTRODUCTION**

AGENDA

- **SoonerCare Choice Overview and Redesign Goals**
- **What's Changing**
 - 2022 SoonerExcel Pay-for-Performance Incentive Measures & Reimbursement Structure
- **Provider Resources**
 - CMS Resources
 - Best Practices
 - Provider Scorecards
 - SoonerExcel Performance Measure and Criteria Manual

SOONERCARE CHOICE

- **SoonerCare Choice** is Oklahoma's statewide managed care model in which each member is linked to a primary care provider who serves as their medical home.
- **Patient-Centered Medical Home** (PCMH) providers are at the heart of the SoonerCare delivery system.
- PCMH providers manage the basic health care needs, including after hours care and specialty referral of the members on their panel.
- PCMH providers are eligible to receive a monthly fixed care coordination payment for members assigned to their panel, visit-based fee-for-service payments, and quarterly SoonerExcel pay-for-performance incentive payments.

SOONERCARE CHOICE REDESIGN GOALS

- OHCA's goal is to redesign and introduce an enhanced PCMH program in partnership with providers, beginning in January 2022, with a redesign of the SoonerExcel pay-for-performance incentive program.
- Guarantee the availability of a medical home with a primary care provider for all SoonerCare Choice members.
- Take a significant step toward meaningful, outcome-linked, standardized measures while adjusting the incentive payment to reward significant improvement and high achievement relative to all PCMH providers.

WHAT'S CHANGING?

- **SoonerExcel Pay-for-Performance Incentives**
 - The redesign will target measures that will ensure healthier outcomes for SoonerCare members.
 - 2022 year of learning
- **Reimbursement Structure**
- **Introduction of Provider Scorecards**

2022 SOONEREXCEL INCENTIVES

SOONEREXCEL INCENTIVES

- SoonerExcel is the performance-based reimbursement component of the SoonerCare Choice program that recognizes achievement of excellence in improving quality of care and providing effective care.
- SoonerExcel payments are made to qualifying PCMH providers who meet or exceed various quality of care targets within an area of clinical focus selected by OHCA.

FQHCs, RHCs & ITUs are not eligible to receive SoonerExcel payments.

2022 SOONEREXCEL INCENTIVES

- Emergency Department Utilization
- Diabetic Control
- Behavioral Health Screening
- Obesity

2022 SOONEREXCEL INCENTIVES

- Reimburse up front at \$0 on claims.
- Reimburse a quarter and a month behind to allow providers time to submit claims. Payments show up as system payouts (non-claim specific) on the RA.
- The first 2022 incentive payment will be made in July.

EMERGENCY DEPARTMENT (ED) UTILIZATION

- This incentive supports OHCA's efforts to ensure members receive the right care at the right time in the right place.
- The incentive encourages PCMHs to make changes in care processes that result in more appropriate ED utilization by SoonerCare members, including education of members about proper ED usage and improving coordination of care.
- This measure is largely based upon the [CMS Core Set measure AMB-CH](#) with modification to include all ages and risk adjustment to take into account the underlying complexity of each provider's panel.

ED UTILIZATION: CMS RESOURCES CONTINUED



Performance Measurement

Adult and Child Health Care Quality Measures

Child Core Set

Child Core Set Reporting Resources

Adult Core Set

Adult Core Set Reporting Resources

Adult Quality Grants

Nationwide Adult CAHPS

Child Core Set Reporting Resources

How States Voluntarily Report Child Core Set Measures

States can voluntarily report the [2021 Child Core Set measures](#) (PDF, 213.52 KB) by using the [2021 Technical Specifications and Resource Manual](#) (PDF, 1.43 MB). A [summary of updates](#) (PDF, 48.38 KB) to the child core set technical specifications and resource manual for federal fiscal year (FFY) 2021 is also available.

Additional Reporting Resources

- [2021 Child Core Set HEDIS Value Set Directory](#) (ZIP, 1.03 MB)
- [2021 Child Core Set Non-HEDIS Value Set Directory](#) (ZIP, 210.13 KB)
- [2021 Child Core Set Measurement Periods](#) (PDF, 171.77 KB)
- [2021 Core Set Data Quality Checklist](#) (PDF, 793.61 KB)
- [Technical Assistance Resource: Calculating State-Level Rates Using Data from Multiple Reporting Units](#) (PDF, 426.28 KB)

ED UTILIZATION: CMS RESOURCES CONTINUED

Home Tools Core Set of Childre... x

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Bookmarks

- Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set) Technical
 - LICENSE AGREEMENTS AND ACKNOWLEDGMENTS
 - CONTENTS
 - I. THE CORE SET OF CHILDREN'S HEALTH CARE QUALITY MEASURES (CHILD CORE SET)
 - II. DATA COLLECTION AND REPORTING OF THE CHILD CORE SET
 - III. TECHNICAL SPECIFICATIONS**
 - Appendix A: Child Core Set HEDIS®

21

MEASURE AMB-CH: AMBULATORY CARE: EMERGENCY DEPARTMENT (ED) VISITS

National Committee for Quality Assurance

A. DESCRIPTION

Rate of emergency department (ED) visits per 1,000 beneficiary months among children up to age 19.

Data Collection Method: Administrative

Guidance for Reporting:

- This measure includes all ages. For reporting the Child Core Set measure, include children up to age 19 when reporting the four measure rates (less than age 1, ages 1 to 9, ages 10 to 19, and a total rate).
- Report all services the state paid for or expects to pay for (i.e., claims incurred but not paid). Do not include services and days denied for any reason. If a child is enrolled retroactively, count all services for which the state paid or expects to pay.
- When confirming that an ED visit does not result in an inpatient stay, all inpatient stays must be considered, regardless of payment status (paid, suspended, pending).

ED UTILIZATION: BEST PRACTICES

- There is nothing the PCMH provider needs to code on claims for ED measure.
- Look at ED claims with procedure codes between 99281 and 99285 as well as the observed to expected ratio.
- ED visits resulting in an inpatient admission are excluded from the measure calculation.

ED UTILIZATION: BEST PRACTICES

The PCMH provider is expected to:

- Do their part to engage all members assigned to their panel
- Educate members on proper ED utilization and alternative resources, such as after hours clinics, urgent care centers etc.
- Do their part to ensure any ED utilization is clinically appropriate.

BEHAVIORAL HEALTH (BH) SCREENING

- The BH screening incentive promotes the integration of BH within the physical health delivery system and allows for early identification and intervention.
- PCMH providers utilize the OHCA [Pediatric/Adult](#) BH screening tool(s), or an age and developmentally appropriate tool from the [list of available/approved tools](#).
- PCMH providers bill **CPT 96160** for the annual BH screening for all members assigned to their panel ages 5 and above.

BH SCREENING: BEST PRACTICES

For members that screen positive, the PCMH is expected to:

- Provide an appropriate intervention.
- Ensure the member has contact information for contracted BH providers in their area.

SoonerCare:

Behavioral Health Helpline 800-652-2010

Oklahoma Department of Mental Health and Substance Abuse Services:

Oklahoma Network of Care

<https://oklahoma.networkofcare.org/mh/index.aspx>

BH SCREENING: BEST PRACTICES

Psychiatric Consultation Program

- PCPs have access to free, informal telephonic consultation with board-certified psychiatrists.
- These physicians offer advise on psychotropic medication management issues for children, adolescents and adults.

How it works

- The SoonerCare contracted PCP contacts the OHCA BH unit at 405-522-7597 to schedule a time to review the case.
- An appointment will be scheduled with an OHCA psychiatrist during business hours.

DIABETIC CONTROL

- Diabetes is a major health concern due to negative health outcomes when poorly controlled, and the large number of intersecting comorbidities.
- Diabetes can be appropriately monitored and managed, reducing short term complications that may need to be addressed in an inpatient setting.
- This measure will assess monitoring and control of diabetes. In year one, this measure is largely based upon [CMS Core Set measure PQI01-AD \(NFQ # 0272\)](#) adjusted for age range, 10-64 years of age.



DIABETIC CONTROL: CMS RESOURCES CONTINUED



Performance Measurement

Adult and Child Health Care Quality Measures

Child Core Set

Child Core Set Reporting Resources

Adult Core Set

Adult Core Set Reporting Resources

Adult Core Set Reporting Resources

How States Voluntarily Report Medicaid Adult Core Set Measures

States can voluntarily collect the [2021 Adult Core Set](#) (PDF, 191.12 KB) measures by using the [2021 Technical Specifications and Resource Manual](#) (PDF, 1.38 MB). A [summary of updates](#) (PDF, 62.24 KB) to the adult core set technical specifications and resource manual for federal fiscal year (FFY) 2021 is also available.

Additional Reporting Resources

- [2021 Adult Core Set HEDIS Measures Value Set Directory](#) (ZIP, 2.78 MB)

DIABETIC CONTROL: CMS RESOURCES CONTINUED

The screenshot shows a PDF viewer interface. At the top, there are navigation tabs for 'Home' and 'Tools', and a document title 'Core Set of Adult's ...'. Below the tabs is a toolbar with various icons for navigation and editing. The main content area displays a page numbered '130'. A red rectangular box highlights the title 'MEASURE PQI01-AD: PQI 01: DIABETES SHORT-TERM COMPLICATIONS ADMISSION RATE' and the text 'Agency for Healthcare Research and Quality'. To the left, a 'Bookmarks' sidebar is visible, listing several sections. A red box highlights the bookmark for 'Measure PQI01-AD: PQI 01: Diabetes Short-Term Complications Admission Rate', which includes sub-items 'A. Description', 'B. Eligible Population', and 'C. Administrative Specification'. Below the main content, there is a section titled 'A. DESCRIPTION' with a paragraph of text, a note, and a data collection method. A separate box contains 'Guidance for Reporting' with a bulleted list of instructions.

130

MEASURE PQI01-AD: PQI 01: DIABETES SHORT-TERM COMPLICATIONS ADMISSION RATE

Agency for Healthcare Research and Quality

A. DESCRIPTION

Number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolarity, or coma) per 100,000 beneficiary months for beneficiaries age 18 and older.

Note: A lower rate indicates better performance.

Data Collection Method: Administrative

Guidance for Reporting:

- This measure applies to beneficiaries age 18 and older. For the purpose of Adult Core Set reporting, states should calculate and report this measure for two age groups (as applicable): ages 18 to 64 and age 65 and older.
- States should report this measure as a rate per 100,000 beneficiary months as opposed to per 100,000 beneficiaries.
- A two-step process should be used to determine whether beneficiaries should be

DIABETIC CONTROL: CMS RESOURCES CONTINUED

AutoSave Off 2021-Adult-HEDIS-Codes - Read-Only - Excel

File Home Insert Page Layout Formulas Data Review View Help

Clipboard Font Alignment

Find and Replace

Find what: 3046F

Find All Find Next Close

Value Set Name	Value Set OID	Value Set Vers	Code	Definition	Code System	Code System OID	Code System Version
HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0	2.16.840.1.113883.3.464.1004.1977	10/26/2020	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	CPT-CAT-II	2.16.840.1.113883.6.12	2020.4.20AA
HbA1c Level Less Than 7.0	2.16.840.1.113883.3.464.1004.1115	10/26/2020	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	CPT-CAT-II	2.16.840.1.113883.6.12	2020.4.20AA
HbA1c Level Less Than 7.0	2.16.840.1.113883.3.464.1004.1115	10/26/2020	165679005	Hemoglobin A1c less than 7% indicating good diabetic control (finding)	SNOMED CT US Edition	2.16.840.1.113883.6.96	2020.03.19AB
HbA1c Test Result or Finding	2.16.840.1.113883.3.464.1004.1756	10/26/2020	3044F	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)	CPT-CAT-II	2.16.840.1.113883.6.12	2020.4.20AA
HbA1c Test Result or Finding	2.16.840.1.113883.3.464.1004.1756	10/26/2020	3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)	CPT-CAT-II	2.16.840.1.113883.6.12	2020.4.20AA
HbA1c Test Result or Finding	2.16.840.1.113883.3.464.1004.1756	10/26/2020	3051F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)	CPT-CAT-II	2.16.840.1.113883.6.12	2020.4.20AA
HbA1c Test Result or Finding	2.16.840.1.113883.3.464.1004.1756	10/26/2020	3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)	CPT-CAT-II	2.16.840.1.113883.6.12	2020.4.20AA
HbA1c Test Result or Finding	2.16.840.1.113883.3.464.1004.1756	10/26/2020	165679005	Hemoglobin A1c less than 7% indicating good diabetic control (finding)	SNOMED CT US Edition	2.16.840.1.113883.6.96	2020.03.19AB
HbA1c Test Result or Finding	2.16.840.1.113883.3.464.1004.1756	10/26/2020	451051000124101	Hemoglobin A1c between 7%-9% indicating borderline diabetic control (finding)	SNOMED CT US Edition	2.16.840.1.113883.6.96	2020.03.19AB
HbA1c Test Result or Finding	2.16.840.1.113883.3.464.1004.1756	10/26/2020	451061000124104	Hemoglobin A1c greater than 9% indicating poor diabetic control (finding)	SNOMED CT US Edition	2.16.840.1.113883.6.96	2020.03.19AB
High Risk HPV Lab Test	2.16.840.1.113883.3.464.1004.1527	10/26/2020	87620		CPT	2.16.840.1.113883.6.12	2020.4.20AA
High Risk HPV Lab Test	2.16.840.1.113883.3.464.1004.1527	10/26/2020	87621		CPT	2.16.840.1.113883.6.12	2020.4.20AA

Copyright & Licensing Adult Measures to Value Sets **Adult Value Sets to Codes** Summary of Changes - Codes Summary of Changes - Value Set ...

DIABETIC CONTROL: BEST PRACTICES

This measure will in part review **lab claims**, specifically **lab codes**

- **83036** Glycosylated Hemoglobin Test A1c &
- **83037** Glycosylated HB Home device Hemoglobin A1c level, by device for home use.
- This measure will in part review **inpatient claims** with primary diagnoses related to short term diabetic complications.

DIABETIC CONTROL: BEST PRACTICES CONTINUED

- CPT II codes are submitted on claims to reflect lab values for the last A1c test.
- Adult HEDIS codes- A1c Control

CPT II	Description
3044F	Most recent HbA1c level less than 7.0%
3046F	Most recent HbA1c level greater than 9.0%
3051F	Most recent HbA1c level $\geq 7.0\%$ and $< 8.0\%$
3052F	Most recent HbA1c level $\geq 8.0\%$ and $\leq 9.0\%$

OBESITY

- Obesity is a chronic disease with complex causes and detrimental consequences. It is one area the state has chosen to focus on to work toward a healthier Oklahoma.
- The measure is largely based upon the [CMS Core Set measure WCC-CH \(NQF #0024\)](#) adjusted for age range 3-64 years.
- Providers' score on this measure will be based on three components submitted on claims:
 - **BMI**
 - **Counseling for Nutrition**
 - **Counseling for Physical Activity**

OBESITY

BMI

- Providers will submit ICD 10 diagnostic codes applying to BMI on the claim Z68-Z68.54.
 - *Please be aware most BMI diagnoses are not acceptable as a primary diagnosis.*



OBESITY

Counseling For Nutrition

- **G0447 Behavioral Counseling for Obesity**
 - *15 minutes on the claim along with any other services rendered that day.*
- **Z71.3 Dietary Counseling and Surveillance**
 - *Must be coded with BMI.*
 - *Acceptable as a primary diagnosis.*

OBESITY

Counseling for Physical Activity

- **G0447 Behavioral Counseling for Obesity**
 - *15 minutes on the claim along with any other services rendered that day*
- **Z71.82 Exercise Counseling**
 - *Must be coded with BMI*
 - *Acceptable as primary diagnosis*



OBESITY BEST PRACTICES

- **Primary Care Practitioners** within the PCMH bill for obesity counseling (G0447).
- G0447 reimburses up front at \$0 and must be coded with BMI for the PCMH provider to be eligible for the SoonerExcel incentive.

Procedure Code	
G0447 AND	Behavioral Counseling Obesity
Diagnostic Codes	
Z68-Z68.54 AND	BMI
Z71.3 AND/OR	Dietary Counseling and Surveillance
Z71.82	Exercise Counseling

PCMH PROVIDER RESOURCES

PROVIDER SCORECARDS



PCMH providers began receiving new provider scorecards in November 2021 and will continue receiving them quarterly throughout 2022.



November scorecards highlight baseline data for Emergency Department Utilization and Behavioral Health Screening.



The first 2022 scorecard will be available in July and will highlight all four clinical measures.

PROVIDER SCORECARDS

[My Home](#) [Eligibility](#) [Claims](#) [Prior Authorizations](#) [Referrals](#) [Files Exchange](#) [Financial](#) **Letters** [Reports](#) [Resources](#)

Provider Letters

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Provider Letters

* Indicates a required field.

Enter your search criteria and click the

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Search

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ALL
Change in Provider Information
C-section Annual Rate Letter-Hospital
C-section Annual Rate Letter-ProviderV1
C-section Annual Rate Letter-ProviderV2
C-section Quarter Rate Letter-Hospital
C-section Quarter Rate Letter-Provider
C-section Semi-annual Rate Hospital
C-section Semi-annual Rate Provider
DRG Rate Letter
EHR Denial Letter
ER Utilization Letter
New Hospital Level of Care Rate Letter
PCP Notification of Inpatient Admission
PCP Notification of Inpatient Discharge
Provider Contract Expiration Notification
Provider EFT Error Letter
Provider Patient Dismissal Letter
Provider PIN Letter
Provider Renewal Letter
Provider Welcome Letter
Sooner Excel Letter
Sooner Excel Scorecard
SoonerCare Coordination of Care Letter

12/2021

How to find the new SoonerExcel Scorecards:

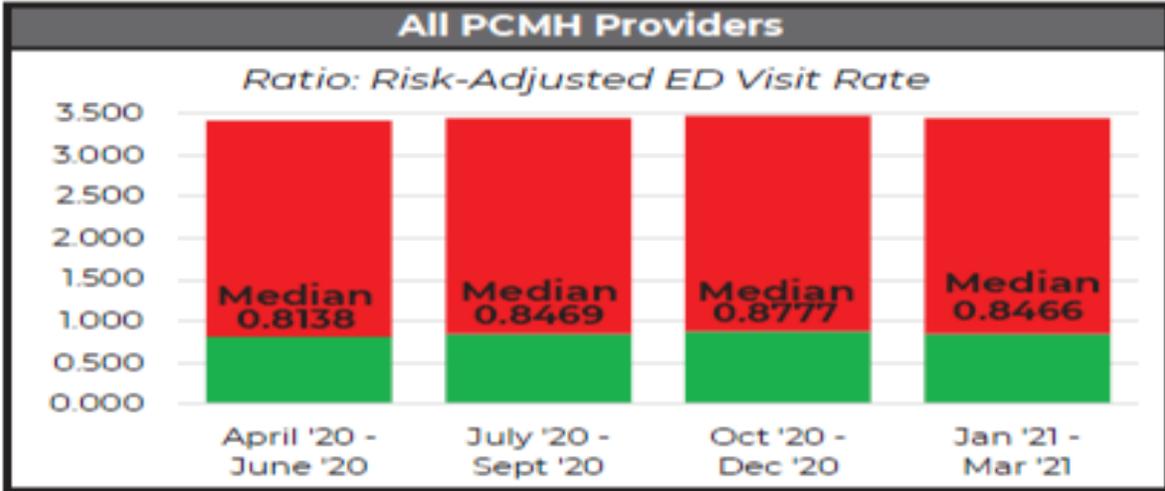
1. Log into the SoonerCare provider portal for the PCMH clinic/provider.
2. Select the Letters tab.
3. Use the dropdown box to find SoonerExcel Scorecard.

Patient-Centered Medical Home (PCMH) Performance Summary

Provider Name Example Medical Clinic

100123456 A

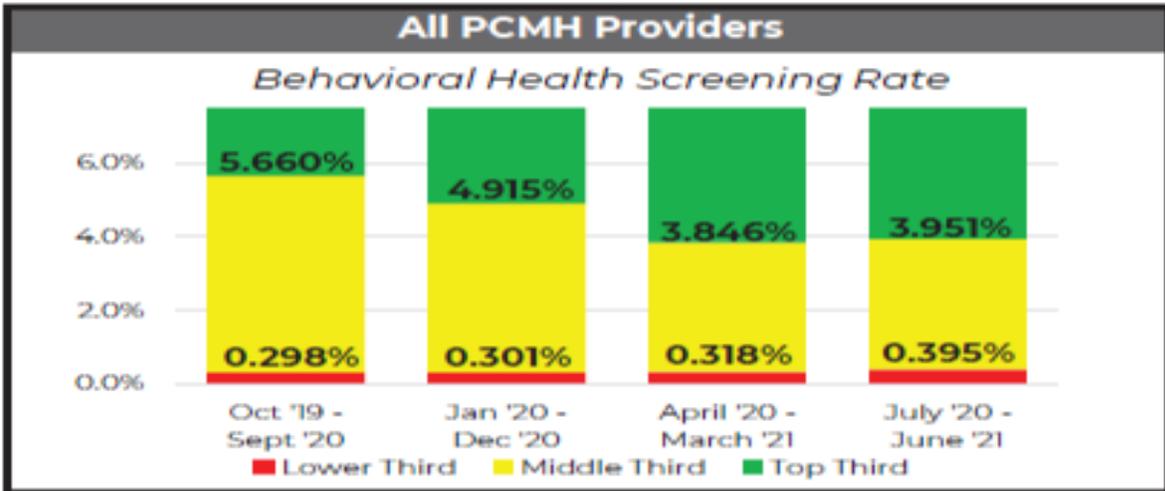
Emergency Department (ED) Utilization (Lower Score is Better)



Your Practice

Reporting Period (Quarterly)	April '20 - June '20	July '20 - Sept '20	Oct '20 - Dec '20	Jan '21 - Mar '21
Results	0.7304	0.6231	0.5432	0.6743
Performance	Meets	Meets	Meets	Meets
Improvement to Next Cohort?	No	No	No	No

Behavioral Health Screening



Your Practice

Reporting Period (Rolling Average)	Oct '19 - Sept '20	Jan '20 - Dec '20	April '20 - March '21	July '20 - June '21
Results	0.113%	0.193%	1.678%	2.625%
Performance	Low Performer	Low Performer	Middle Performer	Middle Performer
Improvement to Next Cohort?	No Data Available	No	Yes	No

Patient-Centered Medical Home (PCMH) Performance Summary

Provider Name

Example Medical Clinic

Diabetic Control

All PCMH Providers

Coming in 2022

Your Practice

Reporting Period	Quarter 1 July-Sept 2020	Quarter 2 Oct-Dec 2020	Quarter 3 Jan-Mar 2021	Quarter 4 Apr-June 2021
Results				
Performance				
Improvement to Next Cohort?				

Coming in 2022

Obesity

All PCMH Providers

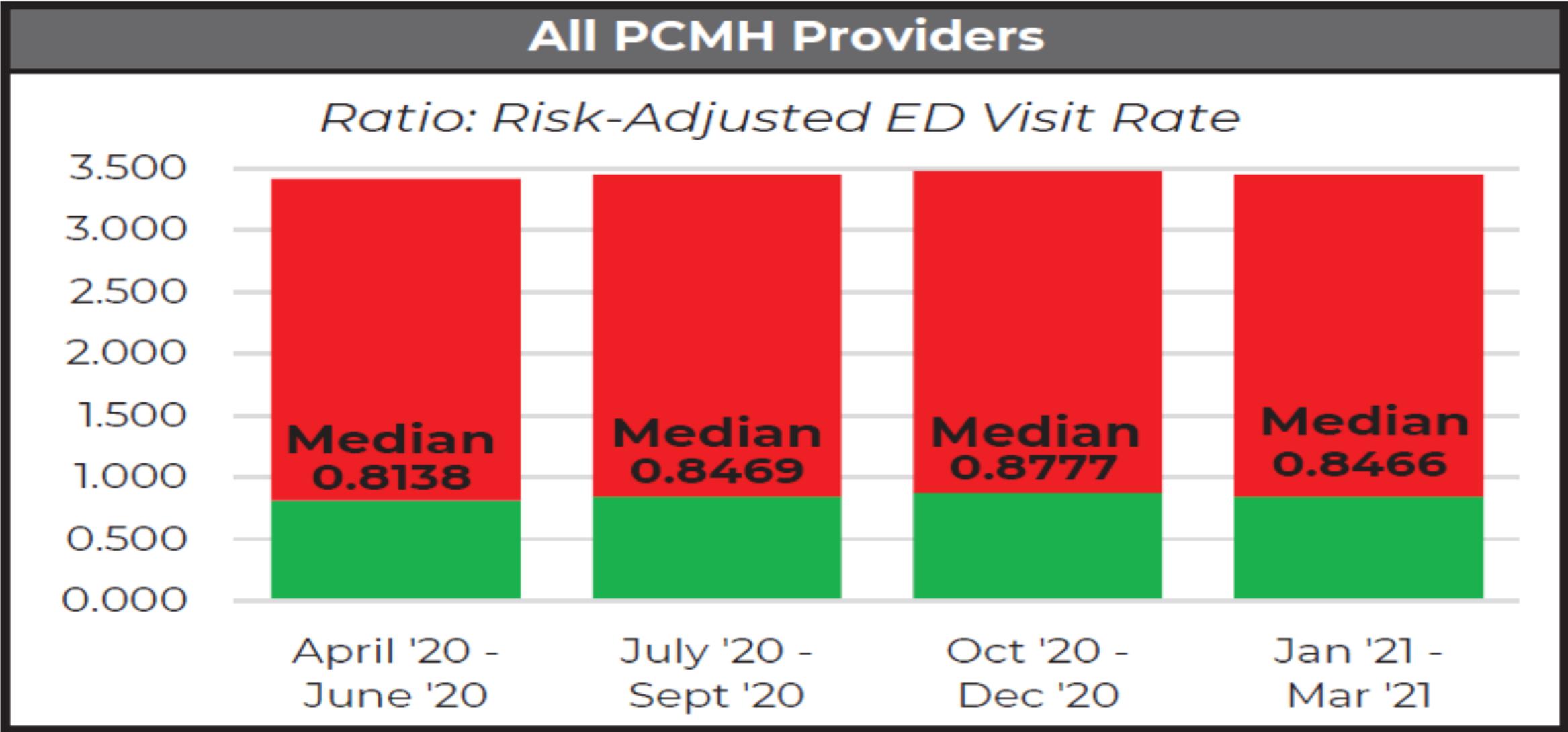
Coming in 2022

Your Practice

Reporting Period	Quarter 1 July-Sept 2020	Quarter 2 Oct-Dec 2020	Quarter 3 Jan-Mar 2021	Quarter 4 Apr-June 2021
Results				
Performance				
Improvement to Next Cohort?				

Coming in 2022

Emergency Department (ED) Utilization (Lower Score is Better)



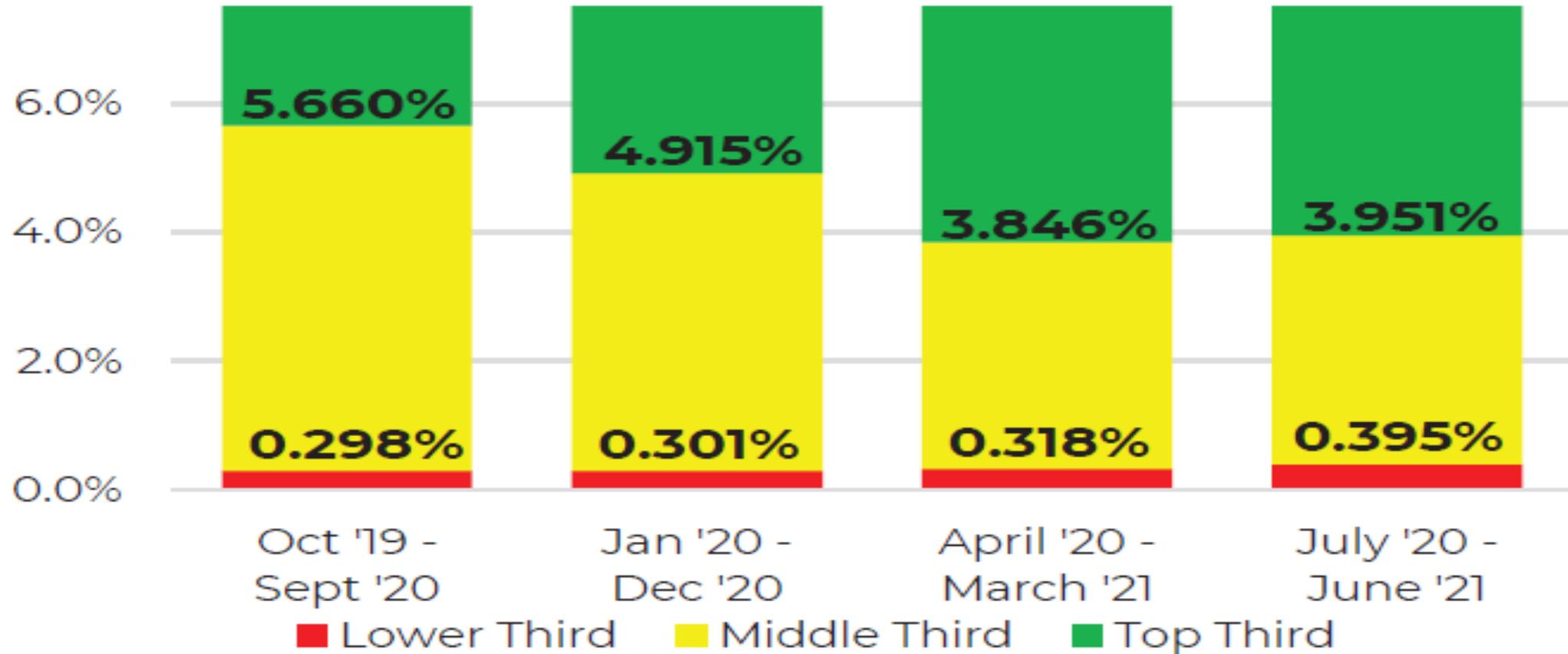
Emergency Department (ED) Utilization (Lower Score is Better)

Your Practice				
Reporting Period (Quarterly)	April '20 - June '20	July '20 - Sept '20	Oct '20 - Dec '20	Jan '21 - Mar '21
Results	0.7304	0.6231	0.5432	0.6743
Performance	Meets	Meets	Meets	Meets
Improvement to Next Cohort?	No	No	No	No

Behavioral Health Screening

All PCMH Providers

Behavioral Health Screening Rate



Behavioral Health Screening

Your Practice				
Reporting Period (Rolling Average)	Oct '19 - Sept '20	Jan '20 - Dec '20	April '20 - March '21	July '20 - June '21
Results	0.113%	0.193%	1.678%	2.625%
Performance	Low Performer	Low Performer	Middle Performer	Middle Performer
Improvement to Next Cohort?	<i>No Data Available</i>	No	Yes	No

SoonerExcel

SoonerExcel is the performance-based reimbursement component that recognizes achievement of excellence in improving quality and providing effective care. The SoonerExcel “bonus” payments are made to qualifying providers that meet or exceed various quality-of-care targets within an area of clinical focus selected by OHCA.

- [SoonerExcel Performance Measures and Payment Criteria Manual](#)
- [Behavioral Health](#)
- [Diabetic Control](#)
- [Emergency Dept Utilization](#)
- [Obesity](#)
- [SoonerExcel Payment Letter](#)

SOONEREXCEL

SoonerExcel Performance Measure and Criteria Manual

- The SoonerExcel Performance Measure and Criteria Manual contains all the technical specifications and details on the incentives.
- **The manual is available on the SoonerExcel webpage.**

2022 SOONEREXCEL REIMBURSEMENT

SOONEREXCEL REIMBURSEMENT

Allocation of funds among incentive measures:

Incentive Measure	Annual Cap	Quarterly Cap
Emergency Department Utilization	\$1,000,000	\$250,000
Behavioral Health Screening	\$750,000	\$187,500
Diabetic Control	\$750,000	\$187,500
Obesity	\$500,000	\$125,000

No changes are being made to care coordination rates or fee-for-service payments.

SOONEREXCEL REIMBURSEMENT

The amount dispensed to each practice will be calculated by combining:

- Specific quality indicator performance on the whole set of metrics.
- The composite performance relative to the state.
- Whether the practice moved to the next level of performance.

Every dollar will be dispensed to qualifying providers. The funds not dispensed for the incentive measures are placed in the improver bonus pool.

SOONEREXCEL REIMBURSEMENT

For the **Emergency Department Utilization** incentive, there are two ways a provider can qualify for reimbursement.

1. Relative to median
2. Improver Bonus- recognizes movement to the next level of performance

SOONEREXCEL REIMBURSEMENT

Emergency Department Utilization

Relative to median - This standard is used for the ED utilization measure.

- A lower rate, relative to all providers, is better.
- When performance is **below** the median compared to all other PCMH providers, the provider receives 100% of available measure incentive.
- When performance is **at or above** the median compared to all PCMH providers, the provider receives none of the available incentive.

SOONEREXCEL REIMBURSEMENT

Emergency Department Utilization

Improver Bonus - recognizes movement to the next level of performance

- This pool is divided evenly among all practices that moved from at or above the median to below the median.

SOONEREXCEL REIMBURSEMENT

- For the **Behavioral Health Screening, Obesity and Diabetic Control SoonerExcel** incentives, there are two ways a provider can qualify for reimbursement.

1. Rule of thirds

2. Improver bonus- recognizes movement to the next level of performance

SOONEREXCEL REIMBURSEMENT

Behavioral Health Screening, Obesity and Diabetic Control

Rule of Thirds

- Top third of Oklahoma practices: receive 100% of available measure incentive.
- Mid third of Oklahoma practices: receive 66% of available measure incentive.
- Bottom third of Oklahoma practices: receive 0% of available measure incentive.

SOONEREXCEL REIMBURSEMENT

Behavioral Health Screening, Obesity and Diabetic Control

Improver Bonus - recognizes movement to the next level of performance

- A pool is created utilizing the dollars left over after compensating the top third and mid third best performers.
- This pool is divided evenly among all practices that moved to the next level of performance.



OKLAHOMA
Health Care Authority

GET IN TOUCH

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